

SEX OFFENDER REGISTRY BOARD

VICTIM PARTICIPATION AND NOTIFICATION FORM

The Sex Offender Registry Law allows "Victims of Record" of convicted sex offenders to submit a written Victim Impact Statement to the Sex Offender Registry Board to be considered in determining a sex offender's level of dangerousness and risk to re-offend. "Victims of Record" are those victims whose offender was convicted of a sex offense against them. "Victims of Record" can also be notified by the Sex Offender Registry Board of a sex offender's final classification whether or not they choose to submit an impact statement.

SEX OFFENDER CONVICTION INFORMATION:

Name:	Alias:	Sex Offender #
DOB:	SSN:	Inmate #:
Arraignment Date:	Sentence Date:	Probation File# (PCF)
Docket #	Sex Offense:	Court:
Docket #	Sex Offense:	Court:
Docket #	Sex Offense:	Court:

**Please include only the sex offense convictions that correspond to the "Victim of Record" identified on this form. If you are unaware of Sex Offender #, the Inmate # or the Probation Central File #, please leave blank. Use other side of form for additional info, if needed.*

SEX OFFENDER STATUS:

<input type="checkbox"/> On Parole	<input type="checkbox"/> On Probation	<input type="checkbox"/> Incarcerated at _____	<input type="checkbox"/> Civilly Committed at _____
<input type="checkbox"/> Under no criminal justice jurisdiction	<input type="checkbox"/> Status Unknown	<input type="checkbox"/> Other _____	

VICTIM OF RECORD INFORMATION: (information is held confidential from offender)

Name:	DOB:	SSN:	
Address:	City:	State:	Zip:
Home #:	Work #:	Cell #:	Other #:

Complete only if Applicant is *not* the Victim of Record: (information is held confidential from offender)

You Are:	<input type="checkbox"/> Parent/Guardian of Minor Aged Victim <input type="checkbox"/> Parent/Guardian of Incompetent or Deceased Victim		
Name:	DOB:	SSN:	Relation:
Address:	City:	State:	Zip:
Home #:	Work #:	Cell #:	Other #:

***Please be advised that the offender has the right to view materials considered in their classification including the impact statement.**

SIGNATURE: _____ **DATE:** _____

ADVOCATE/REFERRAL SOURCE:

Name:	Agency:
Address:	Email:
Phone #:	Fax #:

PLEASE SEND TO:

Director of Victim Services
Sex Offender Registry Board, Box 4547, Salem, MA 01970
Phone (978) 740-6400 and Fax (978) 740-6464
Website: www.mass.gov/sorb